

035/669

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
FEB 16 1988
GROUP 120

In re application of: Petitou, et al.

Serial No.: 115,593

Group No.: 123

Filed: October 26, 1987 Examiner: J. Rollins

For: Process For The Organic Synthesis Of
Oligosaccharides and Derivatives Thereof

Commissioner of Patents and Trademarks

Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

RECEIVED

MAR 03 1988

APPLICATION BRANCH

2. Applicant is

- ☐ a small entity — verified statement:
 - ☐ attached.
 - ☐ already filed.
- ☒ other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date: _____

(Type or print name of person mailing paper)

(Signature of person mailing paper)

STATUS

2. Applicant is

- ☐ a small entity—verified statement:
- ☐ attached.
- ☐ already filed.
- ☒ other than a small entity

EXTENSION OF TERM

NOTE: As to a Supplemental Amendment filed in response to a final office action the Notice of December 10, 1985 (1061 O.G. 34-35) states:

"If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run."

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply

(complete (a) or (b) as applicable)

- (a) ☒ Applicant petitions for an extension of time for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$56.00	\$28.00
<input type="checkbox"/> two months	\$170.00	\$85.00
<input checked="" type="checkbox"/> three months	\$390.00	\$195.00
<input type="checkbox"/> four months	\$610.00	\$305.00
		Fee \$ <u>390.00</u>

If additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 390.00

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	*	MINUS **	=	x6=	\$	x12=	\$
INDEP.	*	MINUS ***	=	x17=	\$	x34=	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+55=	\$	+110=	\$
					TOTAL \$	OR	TOTAL \$
					ADDIT. FEE \$		

- * If the entry in Col. 1 is less than the entity in Col. 2, write "0" in Col. 3.
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

(complete (c) or (d) as applicable)

(c) ☐ No additional fee is required

OR

(d) ☒ Total additional fee required is \$ 390.00

FEE PAYMENT

5. ☒ Attached is a check in the sum of \$ 390.00
- ☐ Charge Account No. _____ the sum of \$ _____
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 04-250

AND/OR

☐ If any additional fee for claims is required, charge Account No. _____

Reg. No.: 32, 140

Tel. No.: (212) 757-2200



SIGNATURE OF ATTORNEY

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